	PATENT A	RD	10 613 39 3											
Effective January 1, 2003								030340						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			20					RATE		FEE]	RATE	FEE	ľ
FOR			NUMBER FILED		NUMBER EXTRA		E	ASIC F	EE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			20 - minus 20=		·Ø'		Ī	X\$ 9:	=		OR	X\$18=	·	
INDEPENDENT CLAIMS			2 - mi	nus 3 =	0		Γ	X42=			OR	X84=		
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT	,	7			. 440	_			.000		
• If	olumn 2	L	+140: TOTA	_		OR	+280= TOTAL	7	_					
			IOIA	- 1		Un		7.171	P					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	SMALL I		
AMENDMENT.A		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	·
	Total	. 20	Minus	 2	0	-		X\$ 9=	-		OR	X\$18=		
	Independent	. 2	Minus	*** (= /	Ī	X42=			OR	X84=		ł
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+280=		
									AL		OR	TOTAL ADDIT, FEE		
(2/28/05	(Column 1)		(Colur	mn 2)	(Column 3)	A	ODIT. FI	= E [ADDII, FÇEI		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· <i>3</i> 0	Minus	* 0	90	=	Γ	X\$ 9-		,	OR	X\$10=		
	Independent	. 4	Minus -	***	3	- /	T	X42=			OR	X8¾20	200	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDENT	CLAIM		ľ	+140=	.		OR	+280=		
											OR	TOTAL	200	ŀ
	(Column 3)	AL	ODIT. FE	ee e			ADDIT. FEE							
AMENDMENTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	ſ	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	deta		Ξ.	Γ	X\$ 9=	. 1		OR	X\$18=		
	Independent	•	Minus	***		= ·	 	X42=	┰			X84=		İ
L	FIRST PRESE		-		+	·	OR			1				
• 1	If the entry in colu	+140=	L		OR	+280=								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE														1
		nber Previously Pa					loun	d in the	арр	ropriate bo	k in co	lumn 1.		

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